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PATHOLOGICAL CHEMISTRY.

Researches into the Elimination of Bromides, and into the presence of Bromine, normally in the organism.

REPORTED TO THE BIOLOGICAL SOCIETY (PARIS), BY DR. RABUTEAU.

ALTHOUGH I have already published, in the "Gazette Hebdomadaire," of the 24th of April, the process which I employ in order to detect traces of a bromide in the urine, I think I may repeat it here. I add a small quantity of pure soda to the urine, then I evaporate it to dryness. The residue is next heated to redness, in a porcelain capsule, then treated with distilled water. After filtration, I obtain a liquor as clear as spring-water, in which it is easy for me to detect the bromides which it may contain, by pouring upon it *Nitric acid*, which liberates the bromine, and by collecting this last by the aid of sulphuret of carbon. In proportion as the bromide exists in greater or less quantity, the sulphuret of carbon is colored an intense red, or an orange yellow.

This process is long and extremely difficult, but it is consistent with the greatest delicacy. In fact, if 500 grammes of urine be evaporated, and if the liquor resulting from the

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washing of the residuum amount to only ten cubic centimetres, it is possible to detect even the $\frac{1}{1\,5\,0\,0\,0\,0\,0}$ part of bromine.

I published, likewise, the principal results of my investigations into the metamorphoses, and the mode of elimination of bromates, and it will be perceived that I have detected bromides in my own urine, and in that of dogs and of rabbits, several days after the absorption of small quantities of bromates. These facts have constituted for me the point of departure for new investigations into the elimination of bromides.

On the 3rd of March, I took, fasting, one gramme of *Bromide of Potassium*, dissolved in fifty grammes of water. From the tenth minute I found bromine in my urine, and my saliva; but what astonished me was, that on the 20th of March I obtained a beautiful orange yellow color, with sulphuret of carbon, after having evaporated 100 to 150 grammes of urine. Subsequently to this date, I was able to evaporate larger quantities, 300 grammes for example, but then bromine was constantly detected, even at the end of fifty-two days. On the other hand, the urine of a dog, which I had cured of saturnine intoxication, by the aid of *Bromide of Potassium*, manifested the presence of bromine after two months, so that I regretted infinitely not having analyzed my urine, and that of my dog, before taking the medicine. I then examined the urine of a great number of persons; I even brought specimens of urine from the country, *and in all I found bromine, when I had evaporated from three to four hundred grammes of it.* I could not detect any of it, when I experimented upon only one hundred to one hundred and fifty grammes. These different experiments repeated nearly two hundred times, have induced me *to conclude that bromine exists normally in the organism;* as to that which has been found by evaporating only one hundred to one hundred and fifty grammes of urine, it may be said that it originates from the administration of a bromide, and as I have found it under these circumstances in my own case, during three weeks, in the case of a rabbit during sixteen days, in that of another

rabbit during twenty-five days, after the ingestion of *Bromide of Potassium*, or of different bromates, I may draw this conclusion that *the bromides are eliminated slowly*.

I wrote, on the 24th of April, in the "Gazette Hebdomadaire," that the bromide of potassium appeared during more than a month in the urine, and in the saliva, even when the dose absorbed had been only one gramme. I did not imagine then that bromine existed normally in the organism; I believe to-day, that one gramme of bromide of potassium would disappear at the end of three weeks, and I base my belief upon this, that, under ordinary circumstances, bromine is not found in the urine, when only one hundred and fifty grammes of this liquid have been evaporated, at least when only a certain dose of it has been absorbed with any special intention. As to the bromine which is detected always after having evaporated three to four hundred grammes of urine, I call it normal bromine, and it penetrates every day into the organism by alimentation.

What is the origin of this normal? I am actually engaged in investigations into this subject, and I propose to report to the Biological Society the results at which I shall arrive.

M. Laborde insisted upon the difficulty of the investigation of bromine in the urine, the coloring matters of this liquid being capable of inducing error.

M. Rabuteau said that, in fact, the examination was very difficult, even when bromine has been artificially added to the urine. It is for this reason that he would proceed by incineration preferably.

M. Chalvet would desire that for this demonstration of bromine in the normal state in the urine, we should not be contented with reactions; he should desire that the metalloid be isolated.

M. Rabuteau subsequently communicated the results which he had obtained from the ingestion of *Perchlorate of Potassium*, the most noticeable of which was retardation of the pulse.

PHYSIOLOGICAL AND PATHOLOGICAL CHEMISTRY.

I. *Sulphate of Quinine* does not diminish the urea.

II. Physiological studies of *Perchloride of Potassium.*

The use of the salt against intermittent fevers,— by Dr. Rabuteau.

It is well known that *Arsenic* is employed successfully against simple intermittent fevers, and that it diminishes the urea to a considerable extent. I could cite upon this subject different experiments, made upon well fed dogs, in which I have seen this element diminish from 65 to 16 parts per 1000, under the influence of a few centigrammes of *Arsenite of Potassium*, then increase to the normal amount after the elimination of the poison.

Is this the case, likewise, with *Sulphate of Quinine?* It seems not, from some experiments already made, and in order to contribute to the elucidation of the question, I have made the following investigations, at the suggestion of one of my preceptors, M. Sée, Professor of the Faculty of Médicine.

First Experiment.—1*st. Sulphate of Quinine.*— On the 9th of May, at 9.30 P. M.. I took one gramme of *Sulphate of Quinine.* At 11 o'clock I commenced to experience ringing in the ears; my intellect became less clear; I went to bed, and slept a little, with the design to experience more fully the effects of the medicine. When I arose, I observed a real titubation. The pulse was retarded, but what attracted my attention much more than the retardation, was the weakness of the cardiac impulse. The next day, at 6 o'clock, the tinnitus aurium still persisted, it diminished gradually, and at 8 o'clock was no longer perceptible. If I enter into the detail of well known facts, it is because I have experienced the same phenomena, except the tinnitus aurium, after having taken five grammes of *Perchloride of Potassium.* I shall soon have to speak of this new drug, destined, perhaps, to future importance. I had measured the urea eliminated during the two preceding days; I collected my urine at different inter-

vals, and analysis demonstrated that the *Sulphate of Quinine* had occasioned no variation in the quantity of urea, which the following figures demonstrate:

DAYS.		Urine of 24 hours.	Urea per 1000.	Total urea eliminated during 24 hours.
May 7th, up to 6 P. M.,		10.85	20.12	21 83
May 8th to 9th,		9.65	22.65	21.85
	Urea per cent.			
From May 9th to May 10th.	From 6 to 9 P. M. 16.76			
	" 9¾ to 10½, 25.88			
	" 10½ P. M. to (May 10th) 5 A. M. 28.82	10.71	22.06	23.62
	" 5 to 8½ A. M. 20.88			
	" 8½ to 12 M. 20.88			
	" 12 to 6 P. M. 19.70			
From 10th to 11th.	May 10th, from 6 to 9 P. M. 18.23			
	From 9 P. M. to 9 A. M., May 11th, 25.87	9.70	23.53	22.82
	From 8 A. M. to 6 P. M. 20.88			
From May 11th to 12th,		10.80	23.50	25.38
" " 12th to 13th,		11.60	18.23	21.15
" " 13th to 14th,		11.20	20.00	22.40

The figures of the third column present considerable differences, which are very easily explained, for it is known that urea exists normally in larger quantity in the urine of the night.

Second and Third Experiments. — These were made upon a dog of large size, whom I had caused, during the early portion of March, to swallow ten grammes of *Bromide of Potassium*, with a double intention. In the first place, I desired to cure him of acute saturnine intoxication, caused by twenty centigrammes of *Acetate of Lead*, and in the second place, to study the elimination of the bromide. This dog had been immediately cured, and his health had remained perfect; I had, moreover, nourished him perfectly.

From the date of the 8th of May, I gave him four hundred grammes of cooked meat, and two hundred grammes of bread, daily, at 6 o'clock, P. M. On the 10th of May, at 4 o'clock, P. M., I made him swallow two grammes of *Sulphate of Quinine*, mixed with a little food, but he left a portion of the food;

at this time I observed already a certain dullness, which became more and more marked. At 7 o'clock the cardiac pulsations became less numerous; the dog walked unsteadily; he gazed at me in a most singular fashion. At 9 o'clock he vomited the greater portion of the food which he had swallowed. I noted this fact, for it explained the diminution of the urea found the next day. The succeeding days his health was perfect.

On the 17th and 18th of May, at 2 o'clock, P. M., I made him swallow one gramme of *Sulphate of Quinine*, thinking that in this dose that salt would not cause vomiting. My conjectures were verified.

Below are the results which have been furnished me by analyses of the specimens of urine collected at different periods:

Days.	Urea per 1000.
May 9th, 9 A. M.,	51.47
" 10th, "	50.69
" 10th, 4 P. M., before the experiment,	47.05
" 11th, 9 A. M.,	36.18
" 12th, "	52.94
" 13th, "	55.80
" 14th, "	58.21
" 15th, "	57.35
" 16th, "	60.00
" 17th, "	60.00
" 17th, 6.45 P. M.,	57.35
" 18th, 9 A. M.,	63.82
" 18th, 7 P. M.,	53.82
" 19th, 9 A. M.,	57.35
" 20th, "	58.25
" 21st, "	57.90
" 22nd, "	50.00
" 23rd, "	60.00
" 24th, "	58.82

The preceeding figures exhibit some marked variations, but they prove no diminution of the urea under the influence of the *Sulphate of Quinine*, for the differences observed are readily explained. The lowest figure is 36.18, but the dog had vomited his food the preceding evening, and had eaten

nothing since. Other sensible differences appear between the figures furnished by the analysis of the specimens of urine of the morning and the evening, now it is known that the former contains normally a greater quantity of urea. This is what I have frequently observed. Since then the urea is not diminished, since on the other hand the *Sulphate of Quinine* is antipyretic, reduces the temperature, and consequently diminishes combustion, it is absolutely necessary to seek elsewhere for the deficit in the products of this very combustion. It is extremely probable that this deficit bears upon the carbonic acid; but I have not yet investigated this subject.

2. *Perchlorate of Potassium* ($KClO^4$).—This salt, when it is perfectly pure, presents itself under the appearance of a white powder, composed of small prismatic crystals. It is about three times less soluble than the *Chlortae of Potassium* (?), but it is much more permanent than this last, for it needs a much higher temperature to effect its decomposition into *Chlorate of Potassium* (?), and into oxygen.

The *Perchlorate of Potassium* of commerce is not pure; the specimens which I have had under examination have contained nearly two-thirds of their weight of chlorate. In order to purify it, I at first proposed to treat it with *Sulphuric acid*, which has the effect to destroy the chlorates. This process is a good one, but only when there was only a small quantity of the chlorate. I then devised another process, based upon the property which *Hydrochloric acid* possesses of decomposing chlorates, by producing an evolution of chloro-chloric (?) gas, and leaving the chlorides as residue.

I treated the impure perchlorates with boiling *Hydrochloric acid*, diluted with half its weight of water. There is disengaged, when cooled, a yellow vapor of a peculiar odor, recalling that of chloric acid, or of the peroxyd of chlorine. The liquid is tested from time to time, and when it no longer discolorizes indigo, from the effect of the *Sulphurous acid*, it is certain that the perchlorate is freed entirely from the chlorate. It only remains to separate the perchlorate by decantation, and to treat the residuum with boiling distilled

water, which dissolves the chloride and leaves the perchlorate, which is but slightly soluble. This process necessitates the loss of a certain quantity of the material, but the residuum obtained is perfectly pure.

But how shall we detect the presence of the perchlorates in the urine? I have sought in vain thus far a simple and accurate process. I have hence been compelled to adopt the following, which presented itself naturally to my mind. I precipitate, first, the natural chlorides, by means of *Nitrate of Silver*, I then boil the liquid and filter it. I remove next, the excess of *Nitrate of Silver*, then boil anew and filter a second time. The clear liquid thus obtained is evaporated to dryness; the residuum is next heated to redness, in order to transform the perchlorate into chloride, which I effect easily, by the ordinary methods. The process is long but accurate.

My investigations into the *Perchlorate of Potassium* consists of preliminary experiments made upon animals, and of experiments made upon man, with the view to study the physiological effects of this salt, and its mode of elimination. I will say nothing of the first investigations, which will be published hereafter, but will pass immediately to the second series of experiments.

1st. On the 3rd of July, at 4 P. M., I took five grains (grains or grammes?) of *Perchlorate of Potassium*, partly dissolved, partly suspended, in fifty grains (?) of water, then I drank fifty grammes of pure water. The taste of the salt was exceedingly feeble, and, although the undissolved portion was necessarily brought into direct contact with the gastric surface, I experienced no epigastric sensation. But I was soon strangely surprised; I experienced sensations similar to those produced by *Sulphate of Quinine*, except the tinnitus aurium. My gait was staggering; I felt a heaviness of the head, especially in the frontal region; my ideas were confused; the pulse was retarded, and the natural heat appeared to be diminished. Toward half past seven this intoxication, which I termed chloric intoxication, diminished perceptibly, and at 8 o'clock it had disappeared.

My urine and saliva were collected at tolerably frequent intervals, in order to be subjected to analysis. I perceived, also, that the salt was rapidly eliminated, that it appeared after ten minutes in these two liquids, and that it could no longer be detected after forty-eight hours. I determined, moreover, that it produced some diuretic effect, and that it did not diminish the quantity of urea; this last property establishes one more analogy between *Perchlorate of Potassium* and *Sulphate of Quinine*. The results of my analysis are comprised in the following tables:

DAYS.	Urine of 24 hours.	Urea per 1000.	Total urea eliminated in 24 hours.
From July 1st to 2nd,.....	9.00	21.20	19.08
" " 2nd to 3rd,.....	9.60	18.23	17.50
" " 3rd to 4th,.....	12.26	16.40	20.10
" " 4th to 5th,.....	9.20	23.70	21.83
" " 5th to 6th,.....	9.15	22.17	20.28
" " 6th to 7th, ...	10.25	20.15	20.65

Perchlorate of Potassium against Intermittent Fever.—The curious effects produced by this salt, this intoxication, comparable to that induced by *Sulphate of Quinine*, have suggested to me the idea that the *Perchlorate of Potassium* might be useful in intermittent fevers. I also desired earnestly to embrace the opportunity to employ it, whenever it might present itself to me.

Second Experiment. — A young man, twenty-five years of age, had two years previously contracted intermittent fever in Wallachia. Since his return to France he had been subject, about every six months, to daily recurrences, which he controlled by *Sulphate of Quinine.*

On the 21st of July a paroxysm recurred; he consulted me at that time, and informed me that he would have a similar paroxysm on the following day about 3 P. M., unless he should take *Sulphate of Quinine.* As yet he had taken no medicine. I gave him five grammes of *Perchlorate of Potassium*, which I had myself purified, and directed him to take

this dose, with water, at once, the next day at 2 o'clock, which was done. *The fever did not return;* but there were substituted for it symptoms similar to those which I had already experienced. My patient perceived his gait become unsteady; he was obliged to grasp the railing of a staircase in order to descend it; his ideas became confused, and his head was dull. All disappeared toward 6 o'clock, that is to say, four hours after the ingestion of the drug. Every thing had occurred as in my own case. It is extremely probable that if I had examined my patient during this time, I would have found his pulse retarded.

If the febrifuge properties of *Perchloride of Potassium* should be verified, therapeutics would possess a new and valuable agent, especially when it might be necessary to act promptly. We know that the effects of *Sulphate of Quinine* are not developed immediately, and that we find ourselves helpless in the presence of an attack of pernicious fever, as the *Perchlorate of Potassium* acts almost as soon as it is absorbed, it merits special investigation. I insist upon but one single condition, *upon the use of a pure article;* for the perchlorate of commerce contains a large proportion of chlorate. I have designated the mode of separating it from this latter salt.

M. Láborde was ignorant whether the therapeutic action o f *Perchlorate of Potassium* had been previously studied, it is known from the investigations of M. Socquet (de Lyon) that it was hyposthenetic.

M. Isambert also believed that the *Perchlorate of Potassium* had never been the subject of physiological or clinical investigation, as to the researches of M. Socquet upon *Chlorate of Potassium*, they do not appear to demonstrate very clearly the hyposthenetic action of this salt.

A CASE OF FIBROUS CANCER OF THE STOMACH.

By R. G. Bogue, M.D., Surgeon to Cook County Hospital, Chicago.

W. S. Bogue, aged sixty-nine, has always been a healthy man, except about twenty-four years ago, when he was sick of inflammatory rheumatism for about six months; since which time he has had hardly a sick day, until July, 1867, when he began to complain of some slight dyspeptic symptoms; noticing that some accustomed article of food did not relish as well as usual, or positively disagreed with him — but seldom was there any pain or distress after eating. A good deal of gas was eructated, no pain nor tenderness in the epigastrium, bowels regular, no vomiting, no nausea, emaciation gradual and persistent, also gradual loss of vigor. This condition continued for seven or eight months without abatement, and without any particular suffering. Some article of food would be relished for a time, then be loathed, giving place to some other, to be in its turn treated the same way. During all of this time there was constant loss of flesh and strength. In March or April of the present year (1868), there began to be rather more distress in the region of the stomach, with a little tenderness on pressure, no definite tumor, but an induration could be distinguished, supposed to be of the stomach or pancreas — there now began to be spat up about half a pint of clear mucus daily, which seemed to come from the œsophegus, as there was no cough whatever, and no condition of the fauces to produce it. Occasionally some article of food would be ejected from the stomach soon after being taken. There was always more distress when lying down, particularly after having been asleep for a time, which seemed to be from an accumulation of gas, for it would be relieved by moving about, which would cause the eructation of quite a quantity of gas; bowels inclined to be constipated.

From this time forward the history was briefly an increase

of all the symptoms, making it a case of malignant disease of the stomach, more pain, tenderness, increased tumefaction, occasional vomiting, total loss of appetite, and more rapid emaciation and loss of strength. During the latter part of June, and early part of July, he was quite unable to take any thing into the stomach, except a little wine, and could take at a time not more than two or three teaspoonfuls of that — any thing except the wine caused a good deal of distress, and frequently vomiting.

About July 4th, any attempt to introduce nourishment into the stomach was abandoned; and extract of beef, by injections, substituted — a table-spoonful of the extract dissolved in about four ounces of warm water, was introduced into the rectum four or five times a day, which was, after a few days, increased to two table-spoonfuls. This constituted all the nourishment used until death — for nearly two months, except during the last week, when an egg, beaten thoroughly, with a little syrup and wine, was used two or three times a day in addition to the former.

When this mode of nourishing was begun, he had been confined to the bed for a week or more—from this he seemed to get more nourishment, and was relieved from pain, and was able to be up about the house and yard, and even come to the city from Hyde Park, some four or five times in the course of two or three weeks; yet the emaciation continued, and the temporary increase of vigor soon began to diminish, and for the last two weeks preceding death he was confined to the bed, unable to speak above a whisper; and during the last four days only semi-conscious, seeming to suffer but little, dying very quietly on the morning of the 29th of August, 1868. About a week before death there was an attack of hæmorrhage, some two or three ounces of blood being spat up without distress or effort, this was the only hæmorrhage that occurred during the course of the disease.

During the early part of the disease, and in fact for the first six or seven months, the diagnosis was obscure; rendered so by the absence of the more prominent symptoms of

malignant disease of this organ, viz., vomiting, pain, and detection of a tumor; but this condition was suspected from the persistence of the dyspeptic symptoms, with the constant emaciation and loss of vigor.

During this time some of the ordinary remedies for dyspepsia were used, such as *Bismuth*, and *Rhei*, *Sodae* and *Rhei*, *Rennet*, wine, and a few other similar ones, together with bathing and friction over the abdomen, allowing the patient to select for food whatever he seemed to relish.

The remedies, of course, did no good, not even temporarily. After it became quite evident what the malady was, the only thing used was *Elixir Opii*, ten to twenty drops two or three times a day, to relieve distress, and to check the secretion of mucus, which it did; a small blister was applied over the epigastrium, at two different times, which relieved the pain somewhat, temporarily.

Post-mortem examination, twelve hours after death. Body extremely emaciated, rigor mortis moderate. Contents of thorax, lungs, and pleuræ perfectly healthy; heart and pericardium normal; aorta, from its very commencement at the heart, throughout its whole extent, in this cavity and the abdominal, to very near its bifurcation, involved extensively by œtheomatous degeneration, but this was not noticed in any of the other vessels. Abdominal cavity and liver normal; spleen, in appearance, healthy, but very small, weighing only one and three-fourth ($1\frac{3}{4}$) ounces; intestines normal; kidneys normal; bladder, etc., normal; pancreas normal. Stomach extremely contracted, with its walls excessively thickened, being three-eighths ($\frac{3}{8}$) of an inch thick where it was opened, which was along the anterior wall, from cardiac orifice to the pylorus. The largest or thickest part was that of the left end of the organ, or that corresponding to the great cul de sac. The whole wall was hard, cutting very toughly, the peritoneal, muscular, and mucous coats seemed blended into one mass, there being no trace of mucous membrane as such, except a small patch near the pylorus; it was not destroyed by ulceration, but seemed to be obliterated or replaced by

the infiltration; there was no ulcerated surface. The disease was confined to the walls of the stomach, mostly stopping abruptly at the œsophagus, and also at the duodenum; the pylorus being large, and hanging in the duodenum like an os uteri in the vagina. The duodenum and œsophagus were perfectly healthy. The gastro-colic omentum was somewhat infiltrated and contracted, and the transverse colon adherent to the mass, but the intestinal wall was not diseased. A few lymphatic glands in this part of the omentum were slightly enlarged, but none others were noticed to be infiltrated.

The peritoneal covering of the diaphragm throughout its whole extent, was thickened to the extent of half a line or more, with this same infiltration, feeling hard, and in places being a little corrugated, these places resembling cicatrices. It was contracted, for the partition was more tender than natural, and not arched upward as much as usual.

No other portion of the peritoneum lining the cavity, or covering the intestines, was in this condition, but was, to all appearance, healthy.

The stomach measured, along the small curvature, three and a half ($3\frac{1}{2}$) inches; along the cavity, from the cardiac orifice to the pylorice, was four and a half ($4\frac{1}{2}$) inches; and around the great curvature it measured eight and a half inches. The cavity was so much contracted that it would not hold more than an ounce and a half of fluid. The whole wall was so thick and unyielding that it could not be distended. The involvment of the entire stomach in cancerous disease is rare, and for it to be infiltrated and contracted throughout, and being confined almost wholly to that organ, as in this case, must be exceedingly rare. The absence of any tumor led to obscurity in the diagnosis, neither was there any of the sallow complexion, which is so generally looked upon as evidence of cancerous disease. But its malignant character was inferred from the persistence of the symptoms, and the gradual but constant emaciation. And from the increasing inability to take food it seemed that the stomach must be the organ implicated.

There is one thing that I would call particular attention to in this case: which is the length of time the patient was kept alive by nutritive enema. This was for nearly two months, or fifty-five days. After this was commenced, the strength of the patient increased for some weeks, and during all of this time there was no sensation of hunger; yet there was constant emaciation, and death seemed to be the result of absolute starvation.

The inference I draw from this is, that life may be prolonged for a considerable time, by this mode of introducing nourishment, but the body is not nourished. In other words, there seems to be enough nutriment absorbed to continue life, but there is no surplus appropriated. The fact that a person may be sustained for so long a time in this way, may be a valuable hint in cases of gastric affection, where it is essential to leave this organ at rest for some time, also in operation upon the œsophagus or mouth.

Under the microscope this seems to be composed of fibrous tissue mostly, with a few irregular cells, having the appearance of being pinched or contracted by the fibrous material surrounding them.

A CHILD WITHOUT CALVARIA OR BRAIN.

Reported by L. Redmond, M.D., Preston, Minn.

Editor of Chicago Medical Journal:

On the evening of the 14th of November last, I was called to see Mrs. D. On my arrival I was informed that she had given birth to a still-born female child, which, on examination, I found to be perfect in form, with the following exception, viz.: There was not the slightest trace of a calvaria or brain. Both parietal, the occipital and frontal bones were entirely absent, excepting the orbital plates of the latter. Stretching across the uneven surface of the base of the skull, was a thin transparent membrane, which seemed to be a con-

tinuation of the skin. Beneath this membrane there was a small quantity of serous fluid of an amber color. On making inquiry, I was told, by Mrs. D., that during her gestation she had enjoyed good health, up to within six or eight weeks of her confinement, when, on returning from the spring one day with a pail of water, she slipped and fell with her right side on the pail. Since the above unfortunate accident she has been very miserable, part of the time up and about, the remainder in bed, but suffering more or less pain all the time throughout the abdomen, but especially in the right side. I should state in this connection, that since the fall Mrs. D. is not conscious of having felt any movement of the child whatever.

Now, Mr. Editor, what was the cause of this malformation? Did the fall upon the pail injure the child's head, so that inflammation and softening of the brain (or rather its liquefaction, including the contiguous osseous structures) was the result? or, are we to look to some obscure and inexplicable cause for this remarkable malformation?

HOW DOES GELSEMINUM DESTROY LIFE?—ANTIDOTES AND REMEDIAL MANAGEMENT.

By Z. C. McElroy, M.D., Zanesville, Ohio, President Muskengum County Medical Society.

The case of poisoning by the *Fl. Ex. Gelseminum*, reported by Dr. W. F. Hané, in the Journal for December 1st, 1868, must be the writer's apology for endeavoring to communicate some knowledge on the subject of poisoning of a general character, applicable to Dr. H.'s case, as well as to all other cases of poisoning.

As physiology and pathology advance in their course, to their ultimate positions of exact sciences, definitions must necessarily be narrowed down to embrace but single points. The term poisoning is exceedingly loose, and is to be taken

in no sense as scientific. It is strictly popular. A few propositions may serve to place the whole subject definitely before the mind.

1*st.* The forces, powers, or dynamics of the human body are derived from the oxidation, waste, or destructive metamorphosis of its own nerve and other tissues; with, possibly, the oxidation of some articles consumed as food, without passing into organized tissue. The word *possibly* is used understandingly, for only the first part of the proposition is definitely known. The second part may *possibly* be true, but it awaits demonstration.

2*nd.* Articles classed as poisons in the professional, as well as in the popular mind, have two modes, at least, of producing death, viz.: 1st. By arrresting destructive metamorphosis in the nerve masses supplying the dynamics of the brain, heart, or lungs. 2nd. Or directly the reverse of this, by promoting destructive metamorphosis in the same nerve masses, and furnishing excess of dynamic force to the same organs.

3*rd.* Fluids, in or out of the living body, obey the ordinary laws of gravitation, when not controlled by superior forces or dynamics. Applying these principles to explain the mode of death by *Gelseminum*, it will be seen that, taking the symptoms as detailed by Dr. H. (and they are correct), that death was due to paralysis of the heart and lungs. This paralysis is due to an arrest of destructive metamorphosis in the cerebellum, and upper portion of the spinal cord; though, very probably, the paralysis was general, but death was due to arrest of oxidation in these particular parts. *Gelseminum*, then, produces death by suspending, or by furnishing conditions suspending molecular metamorphosis or waste in the nerve masses, supplying the dynamics of the circulation and respiration.

Gelseminum is but one of a class of which *Opium*, *Belladonna*, *Chloroform*, *Aconite*, etc., are examples of others. *Strychnia* is an example of the other class, producing death in a mode precisely opposite to *Gelseminum*. It furnishes conditions for increased destructive metamorphosis in the

same nerve masses supplying the dynamics of the circulation and respiration; the excessive force liberated, interrupting the alternate contractions and expansions of the lungs and heart, producing permanent contraction of the heart, and the muscles of respiration. As with *Gelseminum*, the paralysis was general, so with *Strychnia*, the contractions of the muscles are general, every thing rigid, and death due to excessive dynamics.

In one or the other of these two ways all poisons act which do not at once destroy tissue, as *Acids*, *Caustic Alkalies*, etc. In the not distant future these distinctions will be recognized in text-books.

The mode by which *Gelseminum*, and other agents of its class, produce death, being thus definitely determined, the indications for treatment are about as follows:

1*st.* If seen sufficiently early, prompt evacuation of the stomach should be obtained by emetics, or by the stomach-pump. If, after the evacuation of the stomach, the symptoms continue to deepen, other measures must be relied on to carry the patient through the crisis. They would be:

2*nd.* Place patient on table, or board, with supports in the middle and at both ends. As the paralysis increases, the circulation comes under the control of the ordinary laws of gravitation, and settles to the most dependent positions of its circuit in the dying body. Now, to make this gravity an aid in prolonging life, alternately depress the head and feet of the patient. As the head is inclined to an angle of 45°, the blood fills the brain, and dependent portion of the body, at the expense of, what for the moment is, the upper, including the lungs. Reverse the position, placing the head at an angle of 45° elevation, the circulation will flow to the dependent parts of the body, which are for the moment again the abdomen, and legs, though the lungs will receive their share in this position, as they lose it when the head is inclined. That is what may be called the conversion or correlation of gravity into organic force. As life may be sustained with ten to twenty pulsations of the heart, per minute, this alternate

elevation and depression of the head should take place every three to five seconds. Brisk friction to and from the brain would aid considerably.

3rd. Artificial respiration. Inflating he lungs by Marshall Hall's method, or by any other way, so that air charged with its due proportion of oxygen may be forced in, and not the breath of another person, charged with carbonic acid. As the artificial respiration conveys the life-giving, as well as the molecularly destructive oxygen into the lungs, in such way as to render the oxygenation and decarbonization of the blood possible, destructive metamorphosis may be kept proceeding at a reduced rate, and some power or dynamic force liberated to help carry on the respiration and circulation, and the patient out of a position otherwise hopeless. The lungs should be inflated four to eight times per minute.

4th. As *Strychnia* is an energetic agent in promoting destructive metamorphosis in the nerve masses, in which *Gelseminum* suspends it, it may be profitably used by hypodermic injection, near the medulla oblongata, in doses from $\frac{1}{20}$ to $\frac{1}{100}$ of a grain, according to the extent of the existing paralysis. As a further aid, magnetism or electricity may be passed through the spinal cord. As the condition depends on diminished destructive metamorphosis, and as low temperatures have the same general tendencies, the patient should be surrounded by as high a temperature as the assistants can comfortably bear, if in a room with registers, fire places, or stoves. If otherwise, by artificial heat in any other way, applied immediately to the person of the patient.

5th. If the patient can swallow water, with salines, such as *Bi Carb. Soda* or *Potash*, *Chlorate Potassa*, *Carbonate of Ammonia*, or *Rochelle Salts*, in solution, may be given as they facilitate or promote destructive metamorphosis and elimination. If the efforts to sustain life are protracted, the bladder should be emptied by catheter.

Brandy and *Opium* are agents restraining waste or destructive metamorphosis, and are, therefore, not indicated in the treatment of the paralysis, or suspended destructive meta

morphosis, from *Gelseminum*, through appropriate in poisoning, or excessive destructive metamorphosis, induced by *Strychnia*, in over-doses.

Such are the principal means for combatting poisoning by *Gelseminum*, and all other agents of its class. It is not at all probable that any direct antidote will ever be found acting in the same sense as alkalies act in neutralizing surplus acid in the stomach, to the effects of *Gelseminum*.

The apparent antagonisms, or antidotal effects of *Opium* and *Belladonna*, to the effects of each other, are, to the writer, for the present, an unexplained riddle. Certain it is, however, that combinations of *Opium* and *Belladonna*, in doses of ten drops of a solution of eight grains of *Morphia* to one grain of *Atropia*, in one ounce of water, by hypodermic syringe, expands the pupil widely, and induces the effects of both agents in the system at the same time, as has been verified by the experience of the writer. The reputed antagonisms of *Opium* and *Belladonna*, though apparently illustrated in the same number of the JOURNAL, by Dr. Newman, must for the present, to me, remain a mystery.

UTERINE DISPLACEMENTS.

BY H. WEBSTER JONES, A.M., M.D., ACCOUCHEUR TO COOK CO. HOSPITAL.

FOUR years ago, when commenting in this JOURNAL upon a certain method of treatment previously proposed for these disorders by another, the writer took occasion to enlarge upon means apparently more desirable, contenting himself, however, in simple statement, without illustration or proof.

Since that time, the results of experience, and my observation of the theory and practice of others, as well as the direct queries of many, have more abundantly conduced to the opinion, first, that dislocations of the uterus are underrated, in respect to their bearing upon the comfort and general health of patients; second, that the natural supports of the

organ are not fairly understood in their comparative and mutual relations; and, third, that the difficulties of adjustment, in a great variety of cases, have disheartened some, and altogether deterred others from the use of proper mechanical aids.

It is my present purpose, therefore, to narrate a few cases, illustrating the importance of uterine deviations, whether greater or less in degree, and the need of more careful examinations by medical men, lest these ailments escape the attention they deserve.

Dr. Tilt, in his work on "Uterine Therapeutics," relates the case of a young married lady, who consulted him on account of "continued pain in the sacrum and loins, with bearing down pains increased upon the slightest exertion, so that walking was intolerable to her."

Her sufferings had commenced soon after a labor, two years previous. Many persons had been consulted, but they found no organic lesion or deviation. Cold douches, sedatives, and injections gave little relief. When examined, in the standing posture, the womb did not appear prolapsed or deviated, but on raising it upon the tips of two fingers, the patient exclaimed, "You have taken away all my suffering!" "An air-pessary was applied, which gave permanent relief, and was worn for six weeks, after which time the patient was able to discontinue its use."

Dr. Debout, editor of the "Bulletin Therapeutique," mentions an unmarried lady, who had been reduced to the last stages of inanition by continued abdominal pains.

Several of the first obstetric authorities of Paris, when consulted, had detected "no uterine lesion or displacement," and their suggestions were practically futile. Dr. Debout examined the patient standing, lifted the uterus, and the patient exclaimed at the relief afforded. In this case, also, the air-pessary "removed the pains, permitted food to be taken, and sleep to be enjoyed." "Supporting and steadying the womb, its nerves soon lost a habit of suffering, though the neuralgia had persisted for years."

In August last I was asked to see a lady, who understood that I "had something new for womb-complaint."

She had taken the advice of eminent men, one of whom diagnosed cervical hypertrophy, and proposed amputation. Alarmed, she placed herself under the care of a female practitioner, who cured her of slight ulcerations, and pronounced her "as well as she ever could be." But she stated that her back had ached "most of the time for five years," and at the present time "to walk for half an hour was certain exhaustion, and to sit or stand as long was misery."

An examination of this case disclosed a uterus prolapsed in the axis of the pelvic outlet; a mucous membrane, healthful every where, and a vagina so relaxed as that, when the finger was passed around the cervix, it was very difficult to say where the neck ended, or the vagina began.

The womb was replaced and supported upon a closed-bar lever pessary, and the patient started the same night upon a journey of five hundred miles. A month afterward she reported that she had never traveled with so great comfort, and that "it was ecstacy to be without a back-ache." This relief has continued to the present time.

In October it was my province to treat a case of supposed lumbago and sciatica, occurring in a young unmarried lady. It was her first experience of the kind, and it had commenced soon after a misstep in descending from a table, upon which she had mounted to re-adjust a window shade. After ten days of vain attempts with medicines and external applications, her prone posture in walking, pain in the right loin, and sensation, as of a moving body, within the pelvis, upon any effort at locomotion, led me to examine the uterus. It was prolapsed, and rested upon the rectum. A pessary was adjusted, medicine discontinued, and in less than a day the patient was, in her own words, "as well as ever."

In the cases already related, the symptoms were of so localized a nature as to lead, at an early period, to the suspicion of uterine disorder. But one occasionally meets with an

example of a different sort, of which the following may serve as an illustration:

Early in 1843, a lady from an adjoining town applied to me for relief from an oft-recurring colic, which, seated in the epigastric region, was occasionally so intense as to rob her of reason.

It had been supposed, by her medical advisers, that this pain was due to biliary calculi, but appropriate treatment had proven unavailing, and the patient had for five months been unable to walk, even a few rods at a time, without premonitions of colic.

It occurred *always* after an attempt at sweeping her rooms. She dated the first attack soon after a miscarriage at four months, which had taken place two years previous to our interview.

She presented the aspect of perfect health, menstruated normally, and had noticed no increased tendency to suffer at such periods. She had never had leucorrhœa, and rarely, if ever, back-ache, and I could with difficulty induce her to submit to a vaginal examination, so convinced was she that she had only "liver complaint."

By a digital examination (ocular inspection was not allowed), made in a standing posture, the uterus was found to be completely retroverted, and somewhat enlarged. The pessary of Dr. Hodge was advised and introduced. Two weeks afterward, a larger one was substituted, which remained in situ for about a year, during which time she had not experienced a single attack of colic. I have learned, within a few days, of her remaining in perfect health.

Cases of similar import are not of infrequent occurrence in the writer's experience, but enough has now been said to establish, first, that *much suffering may depend upon the existence of a greater or less degree of uterine displacement;* second, that *such suffering may be hopefully treated by mechanical means, addressed to the erring organs.*

It is, moreover, intimated that the self-consciousness of the patient, as to the origin and seat of her difficulties, as well as

the opinions of previous medical advisers, must not be allowed to divert the physician from such a full and critical investigation, as in his opinion each and every case demands.

These propositions granted, it will be proper to speak, at a future time, of the natural supports of the uterus, their failure in office, and of the qualities necessary to be found in a properly adapted artificial support.

CORRESPONDENCE.

BRADFORD, ILL., *December* 27, 1868.

EDITOR CHICAGO MEDICAL JOURNAL,

Dear Sir: My friend, Dr. L. Bevier, of Linn County, Mo., reports to me the following case, which I think worthy of publication. His practice lies in one of those malarious districts so common to that State, and where cases of the so-called congestive chill and pernicious fever of Wood, are, during the summer and fall months, very prevalent.

On the 25th of July, Mr. Lambert, living close at hand, came running in great haste, saying that his son, a lad of sixteen years, was thought to be dying. Upon the Doctor's arrival, a few moments later, the boy was, to all outward appearances, dead. Respiration had entirely ceased, there was no perceptible pulse, and the surface of the body was cold, and covered with a clammy sweat. Artificial respiration was immediately resorted to, and kept up for a space of two hours, before the natural breathing was resumed. Blisters were applied to the legs and arms, and the body continually rubbed with different substances of an irritant nature. As soon as swallowing could be induced, *Tinc. Capsicum* was administered in table-spoonful doses, every fifteen minutes, until he was able to speak, which was not until four hours from the time artificial respiration was commenced. From this on, under the continued use of *Capsicum*, with the addi-

tion of brandy and *Quinia*, the lad gradually mended, and within ten days was able to go about.

The case is remarkable for the extreme severity of the onset, and the sudden and powerful action of the active cause; and, also, for the great perseverance used for the measures taken for producing re-action, the chief of which was artificial respiration. It shows us that a want of perseverance in such cases in the use of efficient means, is little better than a crime.

Very respectfully yours,

G. NEWKIRK, M.D.

BOOK NOTICES.

DE LA CANTHARIDE OFFICINALE THESE DE PHARMACIE: Prísentú et soutenue a l'école superieure de pharmacie, par Armand Fumonze, Docteur en Médecine, Pharmacien de 1re. classe, Membre de la société entomologique de France et de la société Chimique de Paris. Paris: Chez Germer Balliere Libraire-Editeur Rue de L'Ecole-de-Médecine, 17.

The above is the title of a most comprehensive monograph, another one of those many monuments of the patient industry, minute investigation, accurate observation of our Gallic confrêres, with which the field of science is adorned.

The author divides his work into four chapters, in the first of which he treats of the natural history of Officinal Canthárides, in the second, of its chemical history, in the third, of the causes which may change or impair its properties, and in the fourth, of the insects and acari which are found intermingled with it.

According to our author, Hippocrates recommended the use of this drug internally in Jaundice, Apoplexy and Dropsy, but was ignorant of its vesicating properties, which seem to have been discovered in the first century by Archigenus, or according to some by Areteus. It appears to have been subsequently used to protect textile fabrics from the

ravages of moths, and somewhat later, as an aphrodisiac, both of which properties our author refuses to accord to it.

After commenting upon the confusion existing amongst the older writers about the identity of the insect, and comparison of the writings of Linnæus, Fabricus, Geoffrey de Geer, Latreille, Dumeril, Andouin and Mulsant, from which it appears that the insect possessing vesicating properties, belongs to the family (tribu) *Meloides*, which is divided into three groupes *Meloe*, *Mylabris* and *Cantharis*, of these the *Mylabris chiconiè* is used in Hindostan, as is likewise the *Meloe trianthemæ*, (which is found upon the blossom of the Cucurbitaceæ), *Mylabris cyanescens* and *Mylabris variabiles*. The *Cantharis vitata* (from the potatoe blossom), is used in South America, together with the *Cantharis adspersa*. The latter of which, according to M. Courbon, possesses very energetic vesicating properties without any irritant action upon the genito-urinary organs. The *Meloe proscaraæus* is used in Spain in Veterinary medicine.

Assuming the *Cantharis vesicatoria* of Linnæus as the officinal species, the author supplies us with a most graphic description of the insect, illustrated with excellent lithographic plates.

In the second chapter, the author reviews in detail the chemical history of Cantharides, from the earliest abortive attempts of various experimenters, previous to, and during the seventeenth century, to detect by analysis its active principle, together with the first apparently systematic one of Moyse Charas, Paris 1681, who seems to have anticipated, almost completely, the more elaborate one of Thouvenel in 1778, which contained essentially the same elements, and appears to have almost completely anticipated that of Beaupoil in 1803.

The first analysis which was successful in indicating the active principle to which the vesicating properties of the insect are due, was that of Robiquet in 1810, and of which the author gives us the detail, and which constitutes what the author terms the last term of the first period of the chemical history of Cantharides.

The second period seems to have commenced with investigations into the method of isolating this active principle, the oldest of which was that of Thierry in 1835, who made use of Alcohol and Ether as menstrua. Our author objects to both of these, to the first from its capacity for dissolving certain other constituent principles, and to the second as not being more active as a solvent than the first, and at the same time dangerous from its inflammability. He prefers greatly, as a menstruum, Chloroform, proposed by Proctor ten years ago, to be succeeded by solution in Sulphuret of Carbon which dissolves every thing except the Cantharidine, which it precipitates. This modification of the process of Proctor is claimed by the author as originating with himself, and he presents us with a *resume* of three experiments illustrative of the process.

In the third chapter, in discussing the causes which may diminish or alter the properties of Cantharides, one of the first referred to, is excessive heat in the drying process. hence the open air is preferred, as a medium, to stove heat, and a temperature not exceeding 100°, an elevation to 120° or 125° having been found to diminish materially the activity of the product.

The process of drying in the open air renders the Cantharides liable to the attacks of insects who deposit their larvæ therein. Cantharides are also adulterated by the addition of the powder of the Euphorbium; by the addition of non-vesicating insects; by plunging in oil, to add to their weight, and by the addition of insects exhausted of their active principle

To avoid all sophistications aud adulterations, the author prescribes a very simple rule: select entire, unbroken insects, dry and having the characteristic colors and odor.

With regard to the parasites preying upon these insects and their effects, the author has determined by experiment that — 1st. The Cantharidine (the active principle) is not destroyed by these animals.

2nd. That old Cantharides, although yielding to analysis no Cantharidine, may still preserve all their vesicating properties.

3rd. That moisture being one of the most energetic causes of their degeneration, they should be preserved in a dry place.

This interesting monogram terminates with a detailed description of the insects and acari, which are found mingled with Cantharides either fortuitously or as parasites. This description is accompanied by excellent lithographic illustrations. To the practical pharmacist, or the country practitioner compelled by the exigencies of his position to rely upon his own judgment, in the choice of the agents to be employed in his practice, this monogram can not fail to prove both interesting and valuable.

W. H.

ANNUAL REPORT OF THE SURGEON GENERAL, UNITED STATES ARMY, 1868.

The report gives us the annual financial statement of the department; statistics of sickness, wounded, and the mortality of the white and colored troops, respectively, in their various localities; and the present stage of progress of the Medical and Surgical History of the late war; the condition of the Army Museum, etc., etc. At the date of the report there were forty-nine vacancies in the office of Assistant Surgeon.

A TREATISE ON PHYSIOLOGY AND HYGIENE; for schools, families and colleges. By J. C. Dalton, M.D., Professor of Physiology in the College of Physicians and Surgeons, N. Y. With illustrations. New York: Harper & Brothers, publishers. London: Sampson, Low & Marston, 1868. Pp. 399.

The name of the distinguished author of this compend is a sufficient guarantee of the accuracy of the scientific information it contains. From such examination as we have been enabled to give it, it seems well adapted to the designed purpose. It is well illustrated, and provided with a full series of questions, appended to each chapter. We trust to see it favorably received by the public.

A HAND-BOOK OF VACCINATION. By Edward C. Leaton, M.D., Medical Inspector to the Privy Council. Philadelphia: J. B. Lippincott & Co., 1868. Pp. 383.

A very complete *resume* of the subject, which should be in the possession of every practitioner. It is divided into fourteen chapters, discussing natural cow-pox; horse-pox; pocks in other animals analogous to the same; vaccinia and vaccinating; lymph supply, conveyance and storage; success of the operation; insusceptibility of individuals; degeneration of lymph; protection afforded; re-vaccination; stamping out local out-breaks of variola; objections to, and alleged dangers of, the practice.

THE OPIUM HABIT; with suggestions as to the remedy. New York: Harper & Brothers, publishers, Franklin Square, 1868. Pp. 335.

An intensely interesting work, both to the professional and non-professional reader. De Quincey, Coleridge, William Blair, Robert Hall, John Randolph, William Wilberforce, and other victims of the habit are self-portrayed, together with the author's own experience.

Within our own knowledge the habit is wide-spread, prevailing and increasing. Physicians must attempt to stay its disastrous progress. Better still — *obsta principiis.*

The therapeutics need revising. Our own opinion is, that medical science can furnish better management of these unhappy cases than this book suggests. The difficulties, however, are herein forcibly set forth,

LECTURES ON THE STUDY OF FEVER. By Alfred Hudson, M.D., M.R.I.A., Physician to the Meath Hospital. Philadelphia: Henry C. Lea, 1869. Pp. 316.

A very useful book, far in advance of many works on the subject, even of recent date. The author "furnishes the student with a guide to his bedside analysis of each case, by treating febrile phenomena in succession; first, generally or abstracted; and, secondly, in their relation to each form of the disease."

Fifteen lectures and an appendix are given — the latter being devoted to details of some illustrative cases, and the controverted question of identity or non-identity of fever poisons.

We regret that, amid so much to commend, we find it necessary to insist that some portions of his therapeutics are worthy of nothing but the severest reprehension. The day of blood-letting, emetics, and sedatives, such as tartar emetic (strongly recommended by this author), in the treatment of fever as such has gone by. Transatlantic prejudices are most forcibly illustrated on pages 208–9–10–11–12. Striking out these, and the book would infinitely better please American practitioners, who now believe in conservative, not in destructive medication. The analysis, which the author himself affords, of the principles of his treatment, is abundantly sufficient to overthrow the part referred to on the pages above noted. Why will not medical men listen to the mandates of physiological science, rather than be the blind servitors of mere traditional empiricism?

Books and Pamphlets Received.

TRANSACTIONS OF THE AMERICAN DENTAL ASSOCIATION. (JOURNAL, page 614.)

This volume does great credit to the American Dental profession. It includes the proceedings at both the Chicago meeting in 1865, and that at Boston in 1866.

The welcoming address, by Dr. W. W. Allport, of this city, at the first meeting; the address on Specialties, by the late Prof. Daniel Brainard, were excellent at the time, and well worth preservation. Dr. Atkinson's report of the Committee on Pathology and Surgery, is also a paper deserving of the careful perusal of both medic l men and dentists. General surgeons will also find much of interest in Dr. McQuillen's essay on "Dental Manipulation" (p 127). Among other valuable contents, the discussion upon Dental Physiology (p. 409), and that upon Dental Education (p. 482).

The volume, as a whole, does credit to our friends of the dental specialty, and we regret that the pressure upon the pages of the JOURNAL does not now permit, what we long ago intended, copious extracts, or at least abstracts, from its many interesting and important pages.

EDITORIAL.

THE somewhat extended absence of our Publisher from the city, and a similar, but temporary, journey of the Editor, must still be pleaded in extenuation of sins of omission on our part. We expect to be fully at rights soon, and meanwhile we chronicle, with pride, the fact that the monthly of old time has been transformed into a semi monthly, with abundant success. Only the editorial want of time has prevented its still further advance to hebdomadal issue—a thing which we still hope to accomplish within a brief period. A large number of valuable and interesting communications are on file for publication, for which our correspondents will accept thanks, and our patrons may look forward with pleasant anticipations.

To those of our subscribers who have cheered us by their friendly words and "material aid," we extend our sincerest thanks. To those few who leave us with the closing year, we send best wishes in their new avocations or associations. To the many who have sent us their names for the first time, we tender a hearty greeting, and promise to all renewed interest and a richer magazine of professional lore and experience, in the pages of the JOURNAL for 1869.

MESSRS EDITORS: Be kind enough to insert the following *errata* in your next JOURNAL; they seem necessary to a correct knowledge of what was intended to be said in the recent article on Dystocia, written by

Your obedient servant, H. WEBSTER JONES.

1. Last line of page 753, read for "votating," "rotating."
2. Fifth line from bottom of page 754, for "coincidentally" read "coincidently."
3. Fourth line from bottom of same page, for "secured" read "seemed," and omit comma.

CARROLL COUNTY MEDICAL SOCIETY.

PURSUANT to a call circulated among the physicians, belonging to the Regular Profession of Medicine and Surgery, in Carroll County, a meeting was held in the First Baptist Church, in Lanark, on Tuesday, December 8th, 1868, for the purpose of organizing a County Medical Society, for a more thorough protection, both in and out of the profession, against the evils of Medical Empiricism; and to afford mutual assistance to each other in the amelioration of the sufferings of humanity.

Dr. J. L. Hostetter was chosen temporary Chairman of the meeting. The Constitution, By-Laws, and Rules of Order were then read, and on motion were adopted, as the basis for the government of the Society. The officers for the coming year were then elected, as follows:

President, Dr. John L. Hostetter, of Mount Carroll; Vice-President, Dr. J. B. Porter, of Lenark; Secretary and Treasurer, Dr. J. Haller, of Lanark.

The following named members were, by resolution, requested to read papers at the next meeting of the Society, to wit:

On the action of Chloroform as an Anæsthetic Agent,— Dr. N. Stephenson, of Thompson.

On the action of Veratrum Viride as an Arterial and Nervous Sedative, and to what extent in dose may it be safely administered, — Dr. D. M. Greely, of Mount Carroll.

On Fractures in general, both compound and simple,— Dr. B. P. Miller, of Mount Carroll.

On the action of Gelseminum Sempervirens,— Dr. J. Haller, of Lanark.

On the History, Rise, and Progress of Medicine, — D. J. B. Porter, of Lanark.

On Medical Ethics in general,— Dr. J. L. Hostetter, of Mount Carroll.

On motion, it was resolved that any member of the Press, and Clergymen, who are favorable to the "Regular System of Medicine," be allowed seats at the meetings of this Society.

On motion, it was ordered that the Secretary make out and forward a report of this to the CHICAGO MEDICAL JOURNAL and Medical Examiner, for publication.

There was a good attendance of the physicians of the county, and a most cordial feeling prevailed. After an interchange of views on different topics of medicine, the Society adjourned to meet in Lanark, on Monday, February 22, 1869, at 2 o'clock, P. M. J. HALLER, *Secretary.*

THE Adams County Medical Society, at its November meeting, adopted a revised fee bill, together with the following:

In cases where consultations have been had, or where two or more physicians have been in attendance, the physician having the case in charge shall embody in his bill the fees of the counsel or assistants, and account therefor to the same, paying the full amount or such proportion of the whole bill as may be collected.

I. *Resolved*, That the forgoing table of fees be adopted as the Fee Bill of this Society.

II. *Resolved*, That the virtuous and industrious poor shall be attended by the members of this Society as cheerfully as the rich, and for such compensation as they are able to make.

III. *Resolved*, That every member of this Society shall keep a record of all patrons who are able, but who neglect or refuse to pay for medical services, and report the name and residence of the same at every meeting; and that all such persons be afterwards required, by all the members, to pay for services in advance.

IV. *Resolved*, That our fees are due as soon as the services are rendered, and that all members of the Society shall make prompt collections, and give the community to underetand that we are entitled to the same consideration in this respect that is claimed by merchants, artizans and laborers.

V. *Resolved*, That this Fee Bill, and these Resolutions, with the names of all the member of the Society appended thereto, be printed in a suitable form, and that every member be required to have a copy of the same conspicuously placed in his office, that our patrons may be fully apprised of its contents and conditions.

VI. *Resolved*, That members who disregard this Fee Bill, and these Resolutions, shall be liable to the same penalties that are attached to a violation of the Code of Ethics.